

AUTHORIZATION FOR RELEASE OF INFORMATION

I/we, _____,
hereby authorize the staff of the City of Hartford Housing Authority, its agent, Imagineers, LLC, Journey Home, and the Greater Hartford Coordinated Access Network (CAN) agency staff to release and cooperatively share information regarding household income, household member information, and any other information as deemed necessary to assist in my/our participation in the Housing Choice Voucher Program.

I/we have read, understand and agree to the above statement.

Signature

Date

Signature

Date